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IN THE UNITED STATES PATENT TRADEMARK OFFICE

PATENT

David Marquardt Applicant:

> Wayne Lougher Stephen C. Schultz

Atty Docket No.: SFI 1000

Serial No.: To Be Assigned

Group Art Unit:

To Be Assigned

Filed:

Herewith

Examiner:

To Be Assigned

TITLE:

LAMINATED WEAR RING

DECLARATION AND POWER OF ATTORNEY OR AUTHORIZATION OF AGENT FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

This declaration is directed to:

[X]	The attached application, or			
Ϊĺ	Application No.	, filed on		
	[] as amended on	(if applicable);		

I/we believe I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled LAMINATED WEAR RING:

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;.

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 C.F.R. 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuationin-part application, if applicable; and

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

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[X] Appl	icant(s)/Inventor(s).					
	gnee of record of the en ement under 37 C.F.R. 3					
	ME OF APPLICANT/IN\	/ENTOR				
Inventor two: <u>David Marquardt</u> Citizen of: <u>United States of America</u>						of America
Signature	: Vave Mini			Date:	081	131/01
FULL NAM	ME OF APPLICANT/IN\	/ENTOR				
Inventor one: Wayne Lougher Citizen of: United States of America						
Signature	: Waye F. L.	n la		Date:	8/30/	101
FULL NAM	ME OF APPLICANT/IN	ENTOR			,	
Inventor one: Stephen C. Schultz Citizen of: United States of America						
Signature	: Agh C do	hub	······································	Date:	8/30	0/0/